Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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www.grimesiowa.gov



2nd Annual Thanksgiving Turkey Shoot

Sponsored by the Grimes Lions Club

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What:	Test your free throw skills as each team, consisting of one child and one adult (ages 21 and over), has the opportunity to shoot 15 free throws with the top scorers in each division winning a certificate for a turkey.					
Who:		Divisions include ges 8-10, Ages 11-	: -12, Ages 13-15, a	nd Ages 16-1	8.	
Where:	Grimes Com	nmunity Complex	x Gym		}	
Date:	Sunday, Nov	vember 21, 2010			•	
Tíme:	shoot 15 fre	e throws each, a		e recorded.	_	pm. Shooters check-ingers are announced at 5
To Register:	Please bring the registration to the Grimes Rec Office located in the GCC or mail to the Grimes Parks and Recreation Office at 410 SE Main Street.					
Cost:	\$5 per team	(one child and o	one adult)			
201	o "2nd Ann	ual Thanksgiv	ing Turkey Sho	oot" Regist	ratio	n Form
CHILD'S NAME: _			DOI	3:	_AGE	:
PARENT/GUARDI	AN'S NAME:					
STREET ADDRESS	S:		CITY:		ZII	P CODE:
I would like to be a	dded to the G	rimes Parks and	Rec Email List:	YES	NO	ALREADY ON LIST
Please Circle:	Ages 5-7	Ages 8-10	Ages 11-12	Ages 13-15	5	Ages 16-18
Cost is \$5 per team	1.	Release and Ir	ndemnification Agreer	nent:		

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian Date